

April 12, 2021  
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To: 407 Review Committee

Re: Music Therapy Proposal

I am a Licensed Independent Mental Health Practitioner in the State of Nebraska, certified in both Clinical Social Work and Marriage and Family Therapy. I represent Marriage and Family Therapists on the Board of Mental Health Practice. I am also presently serving my second term as chairperson of that Board. My writing today is not to represent the thinking of that Board, as we have not met to discuss and pass any action regarding this proposal. I write today as a concerned mental health practitioner who brings experience of both practice and policy. Thus, my words reflect my own thinking, but I would like to think that they also represent the views of most of those I know on the Board.

I consider it important that the committee does NOT endorse this proposal. The proposal contains language which echoes the work of Licensed Mental Health Practitioners. I think it important that any trained music therapist avoid the work of psychotherapy unless they have been duly licensed as a Licensed Mental Health Practitioner.

The part that bothers is where they openly talk about doing the work of licensed psychotherapy.

“perform similar functions of assessing the client(s) level of engagement in the client(s) emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through responses expressed in the creative form, including music. . . . A variety of health-based therapists have similar theoretical orientation of focus determining therapy intervention with clients in treatment planning: humanistic, psychodynamic, behavioral, and neurological.”

“Music therapists actively create, apply, and manipulate various music elements through live, improvised, adapted, or recorded music to address physical, emotional, cognitive, and social needs of individuals of all ages and ability levels.”

“Music therapists routinely serve the general population, and can work with individuals of all ages and ability levels. Infants, children, adolescents, adults, and the elderly with mental health needs, developmental and learning disabilities . . .”

“Music therapists work across the lifespan, providing healthcare and educational services. As such, they work with a variety of client groups, including those with:

- Intellectual/developmental disabilities, including, but not limited to, Down syndrome, Autism Spectrum Disorders, Rett syndrome, Fragile X syndrome, cerebral palsy
- Acute or chronic illnesses or pain, including, but not limited to, HIV/AIDS, cancer, multiple sclerosis, burns, surgeries
- Impairments or injuries due to aging or accidents, including, but not limited to, stroke, Alzheimer’s disease or other dementias, traumatic brain injury,

Parkinson's disease

- Auditory, visual, or speech impairments
- Terminal illnesses, often in hospice and palliative care settings
- Learning disabilities, including, but not limited to, math difficulties, language difficulties, or motor difficulties
- Mental illnesses, including, but not limited to, post-traumatic stress disorder, schizophrenia, bipolar disorder, depression, emotional/behavioral disorders, substance abuse
- Health and wellness issues, including, but not limited to, cardiac care and well seniors

There are many reasons for seeking music therapy, including the following:

- Music therapy in behavioral health settings provides music experiences that allow individuals to explore personal feelings, make positive changes in mood and emotional states, and practice problem-solving, coping skills, and self-expression."

All of the above underlined portions reflect skills that require appropriate training so as not to endanger the public. Perhaps the music therapist would argue that mental health is not their focus in that, like life coaches, they don't diagnosis or treat mental health issues. Yet, the skills that are described are indeed identical to work that requires training as a LMHP – the practice of assessing and promoting mental/behavioral health.

If the Music Therapists can more carefully their vocational capabilities, they would probably be like Speech Therapists and Physical Therapists. Those folks do not include mental health skills as part of their profession. I don't think the music therapists should do that either, but should specify skills that make them uniquely music therapists – which does not include skills of a LMHP.

If a music therapists wants to do Mental Health work, they should pursue the already established format of obtaining a LMHP license and can include music techniques as part of their work. Otherwise, this proposal as it is written should not be approved for the sake of protecting the public from those who would pretend to advocate for mental health without proper training.

Sincerely,  
Dale Battleson, Ph.D.